## Assistant Clerk Qualification Cover Sheet

Please check whether or not you have the following:	Yes	No
High School Diploma or GED. Explanation, if needed:		
Ability to accurately type 45 words per minute.  Explanation, if needed:		
Two years of direct customer service experience and/or clerical work/office administration.  Explanation, if needed:		
Knowledge of computer software systems, such as Microsoft Office, databases, spreadsheets, etc.  Explanation, if needed:		

Please complete this application package and mail or fax it, along with a resume and cover letter, to:

Administrative Office of the Courts

Attn: Dawn Rule P.O. Box 4820

Portland, Maine 04112 Fax: (207) 822-0781

Applications must be <u>received</u> by the application deadline. Incomplete or untimely application packages will not be considered.



# State of Maine Judicial Branch Application for Employment



#### **Assistant Clerk**

#### **INSTRUCTIONS**

- All questions in this application must be complete. The information submitted on this
  application will be used to determine applicant eligibility. Additional sheets may be included, if
  necessary, and must contain all information as requested in the work history.
- 2. A résumé or other additional information may be used to supplement this information; however, it will <u>not</u> be used to replace any of the required information. Any additional information must accompany this Application for Employment.
- 3. Incomplete, illegible, or untimely applications will <u>not</u> be considered.
- 4. A separate application must be submitted for each position for which you apply.
- 5. You will be notified of job status.

Job Title For Which Applying:

6. This application and accompanying information must be mailed to the address as stated in the vacancy posting.

Job Location For Which Applying:

ASSIST	ANT	CLERK					
Name: First, Middle	, Last,	Suffix (ex: Jr, Sr	•)				
Mailing Address:							
Home Phone:				Work Ph	one:		
Email Address:							
Only United States of	itizer	s or aliens who	have a lega	al right to v	vork and rem	ain pern	nanently in the
United States are eli	gible	for employment.	. Can you,	after being	g selected for	employr	nent, provide
verification of your	legal 1	right to work in	the United	States?			
Yes No No	]						
		EDUCA'	TION, TR.	AINING, &	& SKILLS		
Education Level:							
	Hig	th School, Colle	ge, Vocati	onal, or otl	ner schools at	tended	
Name and location of school attended	Date			study ninor)	Degree ear	ned	If no degree earned, number of credits
	LI	CENSES, CERT	IFICATIO	NS, AND	REGISTRAT	IONS	
Name of License, License Numb Registration, or Certification		er	State of I	ssue	Exp	oiration Date	

		, EDUCATION, EXPERIE		
REQUIRED 7 Typing words per minute or keystrok	TO ME	ET MINIMUM QUALIFIC	CATI	ONS
1	-		ing a	nd work sampling).
Please explain your level of accuracy i				1/1-1-1
Do you have a minimum of two years work/office administration? Yes □ No □ Please describ		erience providing custome		vice and / or cierical
What are your computer skills?		· · · · · · · · · · · · · · · · · · ·	-	
		TRAVEL		
A		Yes No No		
Are you willing to travel on the job?				
If yes, are you willing to use your own	n venici	e? Yes  No		
	W	ORK HISTORY #1		
Job Title:		Name and Address of En	nploy	er:
From (mo/yr):				
To (mo/yr):				
Full Time				
Part Time No. Hours Worked:				
Supervisor's Name:		Supervisor's Title: Phone Number:		Phone Number:
Describe your duties:				
Special awards or recognition:				
		of years in supervisory	Rea	son for leaving:
If yes, how many?	osition			
if yes, now many.				
	W	ORK HISTORY #2		
Job Title:		Name and Address of Er	nploy	ver:
From (mo/yr):				
To (mo/yr):				
Full Time				
Part Time No. Hours Worked:				
Supervisor's Name:		Supervisor's Title:		Phone Number:
Describe your duties:		<u> </u>		1
Special awards or recognition:				

Did you supervise anyone?		of years in supervisory	Reason for leaving:
If yes, how many?	position:		
	W(	ORK HISTORY #3	
Job Title:		Name and Address of Er	nployer:
From (mo/yr):			
To (mo/yr):	1		
Full Time 🔲			
Part Time 🔲 No. Hours Worked	d:		
Supervisor's Name:		Supervisor's Title:	Phone Number:
Describe your duties:			
•			
Special awards or recognition:			
Did you supervise anyone?		of years in supervisory	Reason for leaving:
If yes, how many?	position	<b>:</b>	
	W	ORK HISTORY #4	
Job Title:	<del></del>	Name and Address of En	mployer:
From (mo/yr):			
To (mo/yr):			
Full Time			
Part Time 🔲 No. Hours Worke	ed:		
Supervisor's Name:		Supervisor's Title:	Phone Number:
Describe your duties:			
Special awards or recognition:			
Did you supervise anyone?	Number	r of years in supervisory	Reason for leaving:
If yes, how many?	position	:	
Il yes, now many:			
	W	ORK HISTORY #5	
Job Title:		Name and Address of E	mployer:
From (mo/yr):			
To (mo/yr):			
Full Time			
Part Time No. Hours Worke	:d:		

Supervisor's Name:	Supervi	isor's Title:	Phone Number:		
Supervisor's Ivaine.	Superv	isor s rine.	1.10.10		
Describe your duties:					
Describe your daties.					
Special awards or recognition:					
Special awards of recognition.					
Did you supervise anyone?	Number of years	in supervisory	Reason for leaving:		
, ,	position:		<b>3</b>		
If yes, how many?					
For additional work experience, see	page 5.				
	ACKNOWLI	EDGEMENT			
Please read and acknowledge the f			r penalty of law that the		
information given in this applicatio					
that, should investigation at any tin					
employed, I may be dismissed. I he					
whom my name is certified/referre					
-					
habits, character, or my action in an			•		
my driving record if the position fo					
asked to submit to a credit history o					
employment. I authorize the State			:		
to other state agencies my academic	c records or other	material pertinent	t to my qualifications, and further		
authorize and request each former	employer, person	given as reference	e, educational institution or		
organization (including law enforce	ement agencies) to	provide all infor	mation that may be sought in		
connection with my application. I u	understand and ag	gree that I will be	required to ratify the information		
contained in this application by my					
Acknowledged by:					
(Note: Your typed name will suffic	e as your signatui	e.)			
Date:	, ,				
<u> </u>					
EOIMI OPPO	RTUNITY/AFFIR	MATIVE ACTIO	N FMPI OYFR		
EQUAL OFFO	MI OMITI/AFFIN	WIATIVE ACTIO	TO I LOTER		
The State of Maine Judicial Branch is an equal opportunity/affirmative action employer.					
	REFERRA				
Please select the Referral Source that for which you are applying:	at best describes th	ne way you FIRST	learned about the job opportunity		
☐ The Internet		│ │	e of Maine Office		
Newspaper Ad	_	A referral	from a current employee		
Judicial Branch Office of Hun	nan Resources	☐ Other			



### State of Maine Judicial Branch



#### **Additional Work Experience**

This form is to be used as a supplement to the Job Application when an applicant has more than five (5) work histories.

Name:

#### **Position Applying For:**

	W	ORK HISTORY #6		
Job Title:		Name and Address of Employer:		
From (mo/yr):				
To (mo/yr):				
Full Time				
Part Time O No. Hours Worked:				
Supervisor's Name:		Supervisor's Title:	Phone Number:	
Describe your duties:				
Special awards or recognition:				
Did you supervise anyone?		of years in supervisory	Reason for leaving:	
If yes, how many?	position:			
			L	
	W	ORK HISTORY #7		
Job Title:		Name and Address of Er	nployer:	
From (mo/yr):				
To (mo/yr):				
Full Time O				
Part Time O No. Hours Worked:				
Supervisor's Name:		Supervisor's Title:	Phone Number:	

Describe your duties:				
Special awards or recognition:				
Did you supervise anyone?		of years in supervisory	Rea	son for leaving:
If yes, how many?	position	: 		
	w	ORK HISTORY #8		
Job Title:		Name and Address of E	mplos	/er:
From (mo/yr):				, •••
To (mo/yr):				
Full Time ()				
Part Time No. Hours Worked:				
Supervisor's Name:		Supervisor's Title:		Phone Number:
Describe your duties:		<u> </u>		
Special awards or recognition:				
Did you supervise anyone?	Number	of years in supervisory	Rea	son for leaving:
If yes, how many?	position			8
	<u> </u>		1	
	W	ORK HISTORY #9		
Job Title:	-	Name and Address of E	mploy	/er:
From (mo/yr):				
To (mo/yr):				
Full Time O				
Part Time O No. Hours Worked:				
Supervisor's Name:		Supervisor's Title:		Phone Number:

		· · · · · · · · · · · · · · · · · · ·		
Describe your duties:				
Special awards or recognition:				
Did you supervise anyone?		of years in supervisory	Rea	son for leaving:
If yes, how many?	position	:		
			<u>'</u>	
	W	ORK HISTORY #10		
Job Title:		Name and Address of E	mploy	ver:
From (mo/yr):				
To (mo/yr):				
Full Time O				
Part Time ONo. Hours Worked:				
Supervisor's Name:		Supervisor's Title:		Phone Number:
Describe your duties:				<u></u>
Special awards or recognition:				
Did you supervise anyone?		of years in supervisory	Rea	son for leaving:
If yes, how many?	position	:		-
	J		1	



<u>Instructions</u>: You may complete this form electronically or by handwriting the information. If you complete it electronically, you must then print and sign the form. An original signature is required.

Acknowledgement: By completing and signing this document, I understand that to work in the Judicial Branch, a background investigation must be conducted by the Maine Judicial Branch Office of State Judicial Marshals. This background investigation will include, but is not limited to, an inquiry and documentation of any criminal conviction, arrest and conviction records, also any motor vehicle offense or convictions. I understand that my status as an applicant with the Judicial Branch is contingent on the results of this investigation. I hereby consent to a background investigation and give permission to the Office of State Judicial Marshals to examine any criminal and motor vehicle arrest and conviction records, or other regulatory agency records that pertain to me.

Have you ever been convicted of any criminal offense, not including non-criminal traffic offenses? No \_\_\_\_ Yes \_\_\_\_ If yes, Please explain:

Name: (please print) full name:	(First)		(Middle)		(Last)
Maiden or previ					
Date of birth:  Social Security Number:					
Current driver's li	cense number:		State:		
Prior state driver's	license number:		State:		
Current Address:	(Street)	(City)		(State)	(Zip)
From:			To: Present:		
	address for the past 10 year or additional information.	s or more. No	Yes		
I declare that the	information provided here	ein is true, accurat	e, and complete to the	best of my know	ledge.
Signature of Appl	Applicant Date				
	ection icial Branch use only: Rep/Program Mgr.				
Signature		(	Office		Date
Investigation for Extern Law	HR Department: Employ Clerk	ee Volunteer	Manpower	Contractor _	Intern
Supervisor:		Loca	ation:		
Investigation for	Program Manager: LEP_	CADRES	_CASA GALS _	FDP F	Bail Commissioner
Supervisor:		Loc	ation:		

#### BACKGROUND INVESTIGATION INFORMATION

Pleas list your former	r addresses and dates at those addresses for the <b>past full 10 years</b> , including temporary addresses, such ou do not know the exact dates, give an approximate date. Be sure to include the full address – street, c	as conege
and zip code.		·,
This section must be	e complete or your application cannot be processed.	
Former address 1:		
From:	To:	
Former address 2:	· ·	
From:	То:	
Former address 3:		
From:	То:	
Former address 4:		
From:	То:	
Former address 5:		
From:	То:	
Former address 6:		
From:	То:	
Former address 7:		
From	To:	
Former address 8:		
From:	To:	
Former address 9:		
From	То:	
Former address 10:		
From	То:	

#### APPLICANT INFORMATION SURVEY

#### **Position for Which Applying:**

solicited on this page is being compiled by and EEO/Affirmative Action requirements cooperation is encouraged. The information	The State of Maine is an Equal Opportunity Employer. The information the Maine Judicial Branch to comply with Federal record-keeping regulations. You are not required to furnish this information, although your non this form is confidential. This form is to be submitted as a separate pplication prior to review and will be destroyed after data compilation.
☐ I have read the paragraph above and	d do not wish to provide the information requested.
Date of birth:	
(month/day/year)	
What is your sex?	Male
Racial/ethnic group code number:	RACIAL/ETHNIC DEFINITIONS
(see definitions at right)	0. WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
	1. BLACK (not Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.
	2. HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
	3. ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
	4. AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
	6. OTHER
PLEASE CHECK ALL BOXES THAT APPLY TO YOU (refer to definitions at	DEFINITIONS OF VETERANS SUBJECT TO EEO/AFFIRMATIVE ACTION REGULATIONS:
right)	(The requirements are different from State Veterans Preference)
<ul><li>☐ Vietnam Era Veteran</li><li>☐ Disabled Veteran</li></ul>	VIETNAM ERA VETERAN: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975 and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and July 7, 1975.
	DISABLED VETERAN: A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per cent or more, or a person whose release from active duty was for a disability incurred or aggravated in the line of duty.
PLEASE CHECK ALL BOXES THAT	DEFINITION FOR DISABILITY
APPLY TO YOU (refer to definitions at right)  Have a disability as defined Interview accommodations may be necessary due to a disability	Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment has a disability under the Americans With Disabilities Act. Major life activities include: walking, seeing, hearing, learning, self-care, speaking, lifting, reaching, thinking performing manual tasks, breathing, working and interacting with others.